

(This form stays at the school after being signed by the pupil and school official)

## Montana Post-Secondary Schools Conditional Attendance Form

Montana School Immunization Law (MCA 20-5-402 through 410)  
School Immunization Rules, Revised June 11, 1993 (ARM 16.28.701 through 16.28.714)

*This section to be filled out by post-secondary school official:*

Pupil's Name (print or type): \_\_\_\_\_

Date Conditional Attendance Ends: \_\_\_\_\_ (Also the start date of next school term)

**(See back of form for recommended procedure for tracking pupils with conditional attendance status.)**

For pupils who are born on or after January 1, 1957, who are entering the post-secondary school for the first time and have not had two measles and one rubella vaccination (as required by the Administrative Rules of Montana), may be allowed to **conditionally** attend the post-secondary school on the condition that he/she meets the rubella immunity requirements and has received at least one dose of \*measles vaccine prior to school entry. \* Doses of measles vaccine given prior to 12 months of age or prior to 1968 are not accepted or counted as a measles vaccination.

The person who is attending school conditionally must receive a second dose of live measles vaccine, in the form of MMR (measles/mumps/rubella) vaccine, before the beginning of the succeeding school term and no earlier than one month after administration of the first dose of measles vaccine.

If the person who is attending school conditionally fails to complete measles immunization within the time period indicated, s/he must either qualify for and claim an exemption from measles immunization or be excluded immediately from the school by the school administrator or that person's designee.

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**Post-secondary School Official:**

*I certify the above named pupil has received at least one dose of measles vaccine and meets rubella immunity requirements and legally is eligible for conditional attendance.*

Signature: \_\_\_\_\_  
(school official)

Date: \_\_\_\_\_

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**Post-secondary Pupil:**

*I understand that I am allowed to attend post-secondary school on a conditional basis and agree to receive the second dose of measles vaccine, in the form of MMR vaccine, before the start of the next school term noted above. I also understand that due to Montana Law and Administrative Rule, I will not be allowed to attend a post-secondary school in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.*

Signature: \_\_\_\_\_  
(pupil)

Date: \_\_\_\_\_

## POST SECONDARY INSTRUCTIONS

Recommended procedure for tracking post-secondary pupils with conditional attendance status:

1. A completed copy of this form should be provided to the pupil with the original kept by the post-secondary school.
2. The post-secondary school should keep this form with the pupil's permanent school record which is used to determine if the pupil is attending classes and receiving credit for classes at the school.
3. If the pupil does not already have a personal copy of the wallet size **Official Montana Immunization Record** card, they should request their health care provider (health department or physician) to provide them one at the time they receive their second dose of measles (MMR) vaccine.
4. Once the pupil has received the required vaccine, s/he should bring the original copy of the **Official Montana Immunization Record** card or other signed/stamped record from the health department or physician to the school.
5. The school should transfer the immunization information from the original document onto the school immunization record. The original copy of the **Official Montana Immunization Record** card should be handed back to the pupil. It is the pupil's responsibility to maintain the original copy of the physician or health department prepared immunization record (ie. **Official Montana Immunization Record** card). The pupil should keep this record card permanently to help expedite their entry in to another school and in many cases, allow for entry into employment in a health facility. The **Official Montana Immunization Record** card should be updated each time a person receives any immunizations.
6. Immunizations are available through either private physicians or public clinics. Please call your health care provider to establish a time to receive the immunizations. To avoid any possible delays in attendance at the school, pupils should not wait until the last minute to receive the needed immunizations.
7. Questions regarding the use of this form should be directed to the local public clinic, local health department or the Montana Immunization Program (444-5580).